Michigan Cancer Consortium
Recommendations for Colorectal Cancer Screening (Table 1)
March 21, 2001

If patient reports rectal bleeding a diagnostic evaluation is recommended, see Table 3.
Table 1

AVERAGE RISK

Risk Category	Recommendation[#]	Age to Begin	Interval
All people ages 50 and over not in the categories below	Either: 1) Fecal occult blood testing plus flexible sigmoidoscopy *or*	Age 50	1) FOBT every year, and flexible sigmoidoscopy every 5 years
	2) TCE+	Age 50	2) Colonoscopy every 10 years or DCBE every 5-10 years

MODERATE RISK

Risk Category	Recommendation	Age to Begin	Interval
People with single, small (≤ 1 cm) adenomatous polyps	Colonoscopy	At time of initial polyp diagnosis	Colonoscopy *within* 3 years after initial polyp removal; if normal, as per average risk recommendations (above)
People with one large (> 1 cm) adenomatous polyp *or* multiple adenomatous polyps of any size	Colonoscopy	At time of initial polyp diagnosis	Colonoscopy *within* 3 years after initial polyp removal; if normal, colonoscopy every 5 years
Personal history of curative-intent resection of colorectal cancer	Colonoscopy	Within 1 year after resection	If normal, colonoscopy in 3 years; if still normal, colonoscopy every 5 years
Colorectal cancer or adenomatous polyp in first degree relative before age 60	Colonoscopy	Age 40 (or 10 years before the youngest case in the family, whichever is earlier)	Every 5 years
Colorectal cancer or adenomatous polyps in two *or* more first degree relatives of *any* age	Colonoscopy	Age 40 (or 10 years before the youngest case in the family, whichever is earlier)	Every 5 years
Colorectal cancer in any other relatives (not included above)	As per average risk recommendations (above); may consider beginning screening before age 50		

HIGH RISK

Risk Category	Recommendation	Age to Begin	Interval
Family history of familial adenomatous polyposis	Early surveillance with endoscopy, counseling to consider genetic testing, and referral to a specialty center	Puberty	If familial polyposis is confirmed, consider colectomy; otherwise, endoscopy every 1-2 years
Family history of hereditary non-polyposis colon cancer	Colonoscopy and counseling to consider genetic testing	Age 21	Every 2 years until age 40, then every year
Inflammatory bowel disease *	Colonoscopies with biopsies for dysplasia	8 years after the start of colitis	Every 1-2 years

[#] Digital rectal examination should be done at the same time as sigmoidoscopy or colonoscopy.
+TCE includes either colonoscopy or DCBE. The choice of procedure should depend on the medical status of the patient and the relative quality of the medical examinations available in a specific community.

* The available scientific evidence is much stronger for ulcerative colitis than it is for other forms of inflammatory bowel disease such as Crohn's disease.
FOBT=fecal occult blood testing, TCE=total colon examination, DCBE=double-contrast barium enema

The above recommendations are based on the best available evidence as of December 14, 2000

Michigan Cancer Consortium
Recommendations for Follow-up of Abnormal Screening Results (Table 2)
and
Recommendations for Diagnostic Evaluation of Rectal Bleeding (Table 3)
March 21, 2001

Table 2

Abnormal Screening Test Result	Recommended Procedure	Future Screening Protocol
Fecal Occult Blood Test + (If only one of the three cards tests positive, this is considered a positive test).	Colonoscopy	Reassess risk status based upon results of colonic exam and follow appropriate future screening protocol.
Flexible sigmoidoscopy +	If biopsy done: If hyperplastic polyp: colonoscopy not necessary If adenoma: colonoscopy **OR** If no biopsy done: colonoscopy	Reassess risk status based upon results of biopsy and follow appropriate protocol.
Double Contrast Barium Enema +	Colonoscopy	Reassess risk status based upon results of biopsy and follow appropriate protocol.
Colonoscopy +	Biopsy or Polypectomy	Reassess risk status based upon results of biopsy and follow appropriate protocol.

Table 3

Symptom Reported by Patient	Recommended Procedure	Future Screening Protocol
Bright red rectal bleeding, on tissue, in bowl, or on stool	Age 50 and up: colonoscopy or flexible sigmoidoscopy with double contrast barium enema Age 40-50: If obvious anorectal disease, and no risk factors: flexible sigmoidoscopy Otherwise: colonoscopy or flexible sigmoidoscopy with double contrast barium enema If obvious anal source and below age 40: treat symptomatically. If recurrent symptoms then flexible sigmoidoscopy. Further testing if clinically indicated.	Reassess risk status based upon results of colonic exam and follow appropriate future screening protocol.
Burgundy blood marbled into the stool	Colonoscopy	Reassess risk status based upon results of colonic exam and follow appropriate future screening protocol.

Michigan Cancer Consortium
Colorectal Cancer Recommendations
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